## OFFICIAL FILE FORMAL COMPLAINT ILLINOIS COMMERCE COMMISSION



Illinois Commerce Commission
527 East Capitol Avenue
Post Office Box 19280
Springfield, Illinois 62794-9280 6270

|  | For Commission Use Only:                             |
|--|--|
| Regarding a complaint  by ROBERT H- OREEN  (Person making the complaint)                         | Case 01-0179   |
| ( Cradinating the Complaint)   | _  |
| against PEOPLES GAS (Utility name)   | <del>_</del>   |
| as to CUSTOMER CHAROE  |  |
| (Reason for complaint) in(f   f ( C / f & C  | ois.   |
| ,  |  |
| TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:                                      | *  |
| My mailing address is 7457 N. SHERIDAN RD  |  |
| The service address that I am complaining about is 7457 N. SH.                                   | ERIOANRD, eltroited, Ice 60626                       |
| My home telephone number is [773] 743-6690   |  |
| Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached at [77317                              | 61-0926  |
| FEOFLES CAS (respondent) is a (full name of utility company) the Illinois Public Utilities Act.  |  |
| In the space below, list the specific section of the law, Commission rule(s), or util complaint. | ility tariffs which you think are involved with your |
| MTILITY TARIFF THAT THE G  | As company   |
| HILLED WITH THE COMMISSION,  | WHICH HAS BEEN                                       |
| APPROVED BY THE COMMISSION.  |  |
| Typicolis y 11/2 Commit 33,000   | CH COM   |
|  | ——————————————————————————————————————               |
|  | CLER CER   |
|  | <u> </u>   |
| Have you contacted the Consumer Affairs Division of the Illinois Commerce this complaint?        | Commission about OFFICE No                           |
| Has your complaint filed with that office been closed?   | YesNo  |

| Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts involved with your complaint. Use an extra sheet of paper, if needed. |
|--|
| DURING THE MONTH OF OCTOBER 1999 AND AFTER A ROBER   |
| CONVERSATION WITH ONE OF YOUR REPRESENTATIVES, I WAS   |
| IN FORMED THAT THE SERVICE CHARGE IS REALLY A NEWTAL   |
| EFF FOR THE GAS METER. AFTOR I CITUED A DISTRIBUTOR  |
|  |
| FOR \$ 146.00. I CALLEDTHE REPRESENTATIVE BACK AND INFORMED HER OF MY PLANTO PURCHASE A METER AND HAVE IT HER OF MY PLANTO PURCHASE A METER AND HAVE IT  |
| FORKIGO. TO PURCHASE A METER AND HAVE IT   |
| HER OF MY BLANT & CAN BLIMINATE THE SERVICE CHARGE.  |
| HER RESPONSE WAS THE SERVICE CHARLE WOULD NOT BE   |
|  |
| Please clearly state what you want the Commission to do in this case.  |
| THE COMMISSION SHOULD ALLOW ME TO PURCHASE AND   |
| INSTALL MY OWN METER SO THAT I CAN ELIMINATE THE   |
| SERVICE CHARGE.  |
| Date: 2-16-200   |
| Date:  |
| (Month, day, and year)  Complainant's signature  Complainant's signature   |
| Complainant's signature  |
| If you will be represented by an attorney, please give the attorney's name, address, and telephone number.   |
| , address, and telephone number.   |
|  |
|  |
| You need to file the original and three copies of this form with the Commission and also provide the Commission one copy for   |
| each utility complained about (referred to as respondents).  |
|  |
| VERIFICATION   |
| A notary public must watch you fill out this part of the form.   |
| PARTATA GARAGO   |
| it says. The contents of this petition are true to the best of my knowledge.   |
| De A College   |
| Kell (1. / Hell  |
| (Signature)  |
| Subscribed and sworn/affirmed to before me this /6 day of Homany   |
| Manney () (All   |
| Notary Public, Illinois 3 "OFFICIAL SEAL"  |
| (/ NANCY C HETT  |
| NOTE:  NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 6/12/2004  |
| failure to answer all of the questions on this form may result in this form being returned to you without processing. If you have  |
| questions, please call the counselor in the Consumer Affairs Division that handled your informal complaint.  |

cc207/07